



HAWAII STATE ETHICS COMMISSION  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Rosehill,	Linda	K.	536-2611
MAILING ADDRESS (Street)			FAX
1088 Bishop Street Suite 1010			524-2628
(City)	(State)	(Zip Code)	
Honolulu,	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Rosehill & Associates			
MAILING ADDRESS (Street)			FAX
Same as above			
(City)	(State)	(Zip Code)	

<b>PART II ORGANIZATION</b>		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Diagnostic Laboratory Service, Inc.		589-5100
MAILING ADDRESS (Street)		FAX
650 Iwilei Road Suite 300		589-5292
(City)	(State)	(Zip Code)
Honolulu,	HI	96817
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
RICHARD OKAZAKI		589-5127
MAILING ADDRESS (Street)		FAX
SAME AS ABOVE		589-5292
(City)	(State)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture

Education

Human Services

Science, Technology &  
Economic DevelopmentCommunications &  
Public UtilitiesGovernment Operations &  
FinanceIntergovernmental Relations,  
International Affairs

Tourism &amp; Recreation

☒ Consumer Protection &  
Commerce

Hawaiian Affairs

Labor &amp; Employment

Transportation

Culture, Arts, Historic  
Preservation☒ HealthPlanning, Land & Water  
Use Management

Other: (indicate below)

Ecology, Energy  
Environmental Protection

Housing

Public Safety &amp; Corrections

**PART IV CERTIFICATION OF LOBBYIST***I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*☒

(Signature of Lobbyist)

☒

3-3-05

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

RICHARD OKAZAKI - PRESIDENT

NAME OF ORGANIZATION (if applicable)

TELEPHONE

Diagnostic Laboratory Services, Inc.

589-5100

MAILING ADDRESS (Street)

FAX

650 Iwilei Road Suite 300

589-5292

(City)

(State)

(Zip Code)

Honolulu,

HI

96817

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

1/17/05

(Signature of Authorizing Officer or Person Represented)

(Date)